

EXHIBIT E

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF SAN FRANCISCO – UNLIMITED CIVIL JURISDICTION

Coordination Proceeding

In Re: Uber Rideshare Cases

This Document Relates to:
ALL ACTIONS

JUDICIAL COUNCIL COORDINATION
PROCEEDING CASE NO. 5188

CASE NO. CJC-21-005188
Assigned to Hon. Ethan P. Schulman,
Dept. 304

[PROPOSED] PLAINTIFF FACT SHEET

PLAINTIFF FACT SHEET

CASE NUMBER:

PLAINTIFF NAME:

on behalf of (if applicable):

relationship (if applicable):

GENERAL INSTRUCTIONS

Pursuant to the Order Regarding Fact Sheet Implementation entered in the above-captioned litigation, a completed Plaintiff Fact Sheet (“PFS”) shall be provided for each individual asserting legal claims in the above captioned lawsuit. Each question must be answered in full. If you do not know or cannot recall the information needed to answer a question, please explain that in the response to the question and include the diligent efforts you have made to obtain the information.

Please do not leave any questions unanswered or blank.

Additional Space for Completeness

In filling out any section or sub-section of this form, additional sheets of paper should be used and submitted as necessary to provide complete and accurate information.

Accuracy and Supplementation

The Plaintiff completing this Plaintiff Fact Sheet is under oath and must provide information that is true and correct to the best of her or his knowledge, information, and belief. If the response to any question is that the Plaintiff completing this Plaintiff Fact Sheet does not know or does not recall the information requested, and has been unable to ascertain the information requested after a diligent effort, that response should be entered in the appropriate location(s), along with an

explanation of the diligent efforts undertaken in an attempt to obtain the information requested. In addition, if the Plaintiff completing this Plaintiff Fact Sheet learns that any response is incomplete or incorrect at any time, or if the provided information changes, the person is obligated to supplement the pertinent response(s) to provide the corrected or additional information within 30 days of when she or he becomes aware of this information.

DEFINITIONS

The following definitions shall apply to this PFS:

“You” and “Your” refers to the Plaintiff, listed above, who is completing this fact sheet, as well as her/his/their agents, representatives, and all other natural persons or entities acting on her/his behalf; provided that if the Plaintiff has filed this lawsuit on behalf of another (*e.g.*, a decedent or a minor), then “You” and “Your” refers to the person on whose behalf this lawsuit was filed. In such a case, the Plaintiff should identify at the top of this page the person on whose behalf the case was filed and the Plaintiff’s relationship to that person (*e.g.*, guardian, administrator of estate, etc.).

“Driver” refers to the person who Plaintiff alleges, in the complaint filed in this action, committed sexual misconduct or assault against You.

“Alleged Incident” refers to all events that Plaintiff alleges, in the complaint filed in this action, constituted sexual misconduct or assault against You.

“Trip” refers to any ride that You, or another person on Your behalf or for Your benefit, requested through the rider version of the Uber Application around the time of the Alleged Incident.

“Health Care Provider” means any facility or person involved in the evaluation, diagnosis, care, or treatment of You, including without limitation any such hospital; clinic; medical center; physician’s office; infirmary; medical or diagnostic laboratory; pharmacy; counselor; x-ray department; physical therapy department; rehabilitation specialist; physician; psychiatrist; physical therapist; osteopath; homeopath; chiropractor; psychologist; occupational therapist; nurse; herbalist; emergency responder including EMT, paramedic, or firefighter; social worker; or other facility or person that provides medical, dietary, psychiatric, mental, emotional, or psychological evaluation, diagnosis, care, treatment, or advice.

I. CASE INFORMATION

1. Please state the following for the civil action that Plaintiff filed:

- a. Case number and: _____
- b. Pseudonym used in the Complaint: _____
- c. Name of principal attorney representing Plaintiff: _____

II. YOUR PERSONAL INFORMATION

- 1. Name (Last, First, Middle): _____
- 2. Maiden name (if applicable) or other names used and dates You used those names: _____

- 3. Current address: _____
- 4. City and state of residence at time of Alleged Incident: _____
- 5. Date of birth: _____
- 6. From two years prior to the Alleged Incident through the present, please identify the employers for whom you worked, your occupation or duties, and wages; as well as the city, state, and dates of employment for each employer. _____

- 7. State the highest level of education You attained (e.g., graduated high school, completed some college, attained Bachelor's degree, etc.): _____

III. INFORMATION AS TO THE ALLEGED INCIDENT

- 1. Date of the Alleged Incident: _____
- 2. If You know the first or last name of the driver (or both), please state them: _____

- 3. State the name, phone number, and email address associated with the Uber account through which the ride at issue was arranged: _____

- 4. Did You intend the Trip to be a shared ride (e.g., UberPool) in which You (or the account holder requesting the Trip) requested and/or expected that there would be other passengers in addition to You? Yes: _____ No: _____
- 5. Were You the only passenger in the vehicle during the Trip? Yes: _____ No: _____
 - a. *If no*, provide the name, address, and telephone number of other passenger(s), if known: _____

6. State the location (including, city, state, zip, and nearest street address or, if unknown, the closest intersection) where the Trip originated: _____

7. State the location (including, city, state, zip, and nearest street address or, if unknown, the closest intersection) of the requested destination for the Trip: _____

8. State the time and location (including, city, state, zip, and nearest street address or, if unknown, the closest intersection) of the Alleged Incident. If you were inside the vehicle when the incident occurred, please specify whether you were in the front or back seat: _____

9. Please describe the Alleged Incident in Your own words (attach additional sheets as needed): _____

10. Did the Driver take You to the requested destination for the Trip?
Yes: _____ No: _____
11. Did the Driver take a different route than You anticipated? Yes: _____ No: _____
12. Did the Driver make any stops or pull over, other than at the requested destination for the Trip? Yes: _____ No: _____
a. *If yes*, where did the Driver stop or pull over, if known? _____
b. *If yes*, why did the Driver stop or pull over, if known? _____

13. Did the Driver end the Trip at a location other than the requested destination?
Yes: _____ No: _____
a. *If yes*, where did the Driver end the Trip, if known? _____
b. *If yes*, why did the Driver end the Trip at a location other than the requested destination, if known? _____

14. Did the Alleged Incident occur before, during, or after the Trip (check all that apply)? Before: _____ During: _____ After: _____
a. *If after*, state the date(s) and time(s): _____

15. Do You allege that any of the following acts occurred during the Alleged Incident?
Please select all that apply, and where relevant, select whether contact was made over or under the clothes:

- ☐ Lewd and/or Inappropriate Comments or Questions or Gestures¹
- ☐ Verbal Threat of Sexual Assault²
- ☐ Masturbation and/or Indecent Exposure³
- ☐ Touching of a Non-Sexual Body Part⁴
 - ☐ Over the Clothes⁵
 - ☐ Under the Clothes⁶
- ☐ Touching of a Sexual Body Part Not Involving Penetration⁷
 - ☐ Over the Clothes
 - ☐ Under the Clothes
- ☐ Kissing of a Non-Sexual Body Part⁸
- ☐ Kissing of a Sexual Body Part⁹
- ☐ Sexual Penetration Including Oral Copulation¹⁰

¹ This category is defined to include, but is not limited to, the following: asking specific, probing, and personal questions of the user; making uncomfortable comments on the user's appearance; making sexually suggestive gestures at the user; and asking for a kiss, displays of nudity, sex, or contact with a sexual body part.

² This category is defined to include directing verbal explicit/direct threats of sexual violence at a user.

³ This category is defined to include exposing genitalia and/or engaging in sexual acts in presence of a user.

⁴ This category is defined to include, without explicit consent from the user, touching or forcing a touch on any non-sexual body part (e.g., hand, leg, thigh) of the user.

⁵ This category is defined to include any touch over any piece of clothing on the user (e.g., pants, shirt, bra, underwear) as well as any touch on an area that in no way has clothing covering it (e.g., parts of the thigh when wearing shorts).

⁶ This category is defined to include any touch under clothing which causes contact with the user's skin. It does not include a touch on an area that does not have clothing covering it in the first instance (e.g., parts of the thigh when wearing shorts).

⁷ This category is defined to include, without explicit consent from the user, touching or forcing a touch on any sexual body part (i.e., breast, genitalia, mouth, buttocks) of the user. It does not include penetration.

⁸ This category is defined to include, without consent from the user, any kiss, lick, or bite, or forced kiss, lick, or bite on any non-sexual body part (e.g., hand, leg, thigh) of the user.

⁹ This category is defined to include, without consent from the user, any kiss, lick, or bite, or forced kiss, lick, or bite on either the breast or buttocks of the user. This also includes kissing on the lips and kissing while using tongue.

¹⁰ This category is defined to include, without explicit consent from a user, penetration, no matter how slight, of the vagina or anus of a user with any body part or object. This includes penetration of the user's mouth with a sexual organ or sexual body part. This excludes kissing with tongue.

___ Kidnapping¹¹

___ Other. *If other, please describe:* _____

IV. WITNESSES

1. Did You or someone on Your behalf notify Uber of the Alleged Incident?

Yes: ___ No: ___

2. *If Your answer to the prior question is Yes, please answer the following questions:*

a. When did You or someone on Your behalf notify Uber of the Alleged Incident? _____

b. How did You or someone on Your behalf notify Uber?

Phone Call: ___ Email: ___ In-App Notification: ___ Other: ___

If other, please describe: _____

c. *If Yes and someone notified Uber on Your behalf, state that person's name, address, and phone number:* _____

3. Did You or someone on Your behalf notify law enforcement of the Alleged Incident? Yes: ___ No: ___

4. *If Your answer to the prior question is Yes, please answer the following questions:*

a. *If someone notified law enforcement on Your behalf, state that person's name, address, and phone number:* _____

b. When did You or someone on Your behalf notify law enforcement? _____

c. What is the name of the law enforcement agency that was notified? _____

d. What is the name of the law enforcement agent(s) to whom You or someone on Your behalf spoke? _____

e. What is the status of the criminal investigation? _____

f. Were criminal charges filed, to your knowledge? _____

g. Please state whether you appeared for any criminal hearing(s) or trial(s) and, if so, in what courthouse(s) and on what date(s): _____

¹¹ This category is defined to include abduction, child abduction, false imprisonment, human trafficking, unlawful restraint, and unlawful/forcible detention.

5. After the Alleged Incident, did you undergo a medical exam to determine any physical injuries or the presence of any evidence (*e.g.*, a Sexual Assault Response Team “SART” exam, a Sexual Assault Forensic Exam (“SAFE”), or a Sexual Assault Nurse Exam (“SANE”))? Yes:____ No:____
6. *If Your answer to the prior question is Yes*, please answer the following questions:
- a. What is the name of the Health Care Provider that performed the exam, if known? Please provide both the name of the facility where the exam was performed and the name of the person(s) who performed the exam, if known. _____

 - b. In what city was the exam performed? _____
 - c. When was the exam performed? _____
7. State the name, address, and telephone number of all witnesses to the Alleged Incident: _____

8. State the name, address, and telephone number of all persons You have spoken with about the Alleged Incident, excluding your attorneys: _____

9. Have you posted information regarding the Alleged Incident on a website or on social media (*e.g.*, a social media site, a blog, a personal website, etc.), including anonymously?
Yes: ____ No: ____
- a. *If yes, list all such websites or social media:* _____

V. CLAIMED INJURIES

1. Describe in Your own words, the injuries You sustained as a result of the Alleged Incident (attach additional sheets as needed); include a statement of each physical, emotional, psychological, or other injury You allegedly sustained as a result of the Alleged Incident: _____

2. Were You treated by emergency responders, including police officers, EMT, fire fighters, or paramedics, as a result of the Alleged Incident? Yes: ____ No: ____
3. Have You ever been treated by any Health Care Provider other than emergency responders for any injury that You allege was caused by the Alleged Incident? Yes: ____ No: ____
4. *If You answered Yes to 3 or 4:* State the name, address, and telephone number for each Health Care Provider who has treated You for injuries that You allege were caused by the Alleged Incident and/or to whom you reported the Alleged Incident:

Name, Address. Telephone Number of Health Care Provider	Injury Treated

5. Lost Earnings – Do You claim or expect to claim You lost earnings or suffered impairment of earning capacity as a result of any physical, mental, or emotional injury You allege? Yes____ No____

a. *If yes*, please describe _____

6. Medical Expenses – Please list any out of pocket costs You have incurred relating to the diagnoses and/or treatment of any physical, mental and/or emotional injuries You sustained as a result of the Alleged Incident:

Category and/or Types of Expenses Incurred (e.g. co-pay, deductibles, prescriptions, etc.)	Approximate Amount of Out of Pocket Costs

VI. PERSONS LIKELY TO HAVE DISCOVERABLE INFORMATION ON WHICH PLAINTIFF MAY RELY

1. To the extent that anyone not already listed above is known by You to likely have discoverable information, please state the name and, if known, current location (city, state) of each individual—along with the general subject(s) of that information, excluding the Plaintiff, the Driver, and any past or present employees of Uber. Please include, without limitation, all witnesses to the Alleged Incident and all persons with whom Plaintiff has spoken about the Alleged Incident, excluding Plaintiff’s attorneys. To the extent that You do not know the name of any of the witnesses, for such witnesses, please provide any identifying information that You are aware of (e.g., neighbor, coworker, bystander)

Name, Address, Telephone Number	Subjects

VERIFICATION

I, _____, hereby state that I have reviewed the Plaintiff Fact Sheet. The statements set forth therein are true and correct to the best of my knowledge, information, and belief. I make this verification based on my personal knowledge. I declare under penalty of perjury that the foregoing is true and correct.

Executed on the ____ day of _____, 2023.

RELEASE OF HEALTH CARE INFORMATION

Please complete all sections of this release form.

I, _____, hereby authorize my Health Care Provider,¹ _____, to disclose and release to counsel for Uber Technologies, Inc. (“Uber”), the protected medical and/or Insurance information listed below for the purpose of review and evaluation in connection with a legal claim.

Date of birth of patient: _____

Social Security Number of patient: _____

I. Health Information to be Disclosed

Disclose protected medical and/or Insurance information from _____ to the present.

For the purposes of this authorization “medical records” shall be given the broadest definition allowed under applicable federal and state law, including but not limited to:

- Records of inpatient, outpatient and emergency room treatment, all clinical charts, reports, documents, correspondence, phone notes, test results, statements, questionnaires/histories, office and doctor’s handwritten notes, and letters or records received by other physicians.
- All laboratory, histology, cytology, pathology, radiology, CT Scan, MRI, echocardiogram, and catheterization reports, pathology/cytology/histology/autopsy/immunohistochemistry specimens, cardiac catheterization videos/CDs/films/reels, and echocardiogram videos.
- All pharmacy/prescription records including NOC numbers and drug information handouts/monographs.
- All billing records including all statements, itemized bills, and insurance records.
- All records of any samples of prescription medicines provided.
- All employment or insurance records.
- All workers’ compensation claims or records, including any report of injury, all treatment records, and evidence of any benefits received/paid.

¹ “Health Care Provider” means any facility or person involved in the evaluation, diagnosis, care, or treatment of You, including without limitation any such hospital; clinic; medical center; physician’s office; infirmary; medical or diagnostic laboratory; pharmacy; counselor; x-ray department; physical therapy department; rehabilitation specialist; physician; psychiatrist; physical therapist; osteopath; homeopath; chiropractor; psychologist; occupational therapist; nurse; herbalist; emergency responder including EMT, paramedic, or firefighter; social worker; or other facility or person that provides medical, dietary, psychiatric, mental, emotional, or psychological evaluation, diagnosis, care, treatment, or advice.

- Said medical records shall include all information regarding HIV/ AIDS and/or substance abuse.
- “Psychotherapy notes” as such term is defined by 45 CFR § 164.501.

I authorize disclosure of the above-specified information to Paul, Weiss, Rifkind, Wharton & Garrison LLP and to its attorneys, employees, agents, who have agreed to pay reasonable charges incurred by the Provider to supply copies of such records.

1. To my medical provider: **this authorization is being forwarded by, or on behalf of, attorneys for the defendants. You are not authorized to discuss any aspect of the above-named person’s medical history, care, treatment, diagnosis, prognosis, information revealed by or in the medical records, or any other matter bearing on his or her medical or physical condition, unless you receive an additional authorization permitting such discussion. Subject to all applicable legal objections, this restriction does not apply to discussing my medical history, care, treatment, diagnosis, prognosis, information revealed by or in the medical records, or any other matter bearing on my medical or physical condition at a deposition or trial.**

I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

2. I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the Provider at the Provider’s above address. I understand the revocation will not apply to information that has already been released in response to this authorization. Cancellation, revocation, or modification will only be valid once the Provider receives written notification of such cancellation, revocation, or modification. A copy of said notification shall also be sent to the Recipient identified above. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.
3. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand I may inspect or copy the information to be used or disclosed as provided in CFR 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact the Provider indicated above.
4. A notarized signature is not required. CFR 164.508. A copy of this authorization may be used in place of an original.

II. Form of Disclosure

☐ An electronic record
☐ Hard copy

III. Duration of Authorization

This authorization shall be effective for two years from the date below, or until the conclusion of my case in *In re Uber Rideshare Cases*, No. CJC-21-005188, whichever is later.

IV. Signature

Signature: _____ Date: _____

Print your name: _____

If this form is being completed by a person with legal authority to act on an individual's behalf, such a legal guardian or health care agent, please complete the following information:

Name of person completing this form: _____

Signature of person completing this form: _____

Describe how this person has legal authority to sign this form:

RELEASE OF LAW ENFORCEMENT RECORDS

Please complete all sections of this release form.

I, _____, hereby grant permission for a law enforcement agency to disclose and release information described below to counsel for Uber Technologies, Inc.

I. Information to be Disclosed

Records from a law enforcement agency related to the report I or someone on my behalf made regarding all the events that I allege constituted sexual misconduct or assault against me.

II. Form of Disclosure

_____ An electronic record or access through an online portal

_____ Hard copy

III. Duration of Authorization

This authorization shall be effective until the conclusion of my case in *In re Uber Rideshare Cases*, No. CJC-21-00518.

Signature: _____ Date: _____

Print your name: _____

If this form is being completed by a person with legal authority to act on an individual's behalf, such a legal guardian or health care agent, please complete the following information:

Name of person completing this form: _____

Signature of person completing this form: _____

Describe how this person has legal authority to sign this form:

